



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South

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OFFICIAL NOTICE

DMS-2003-O-6 DMS-2003-II-5 DMS-2003-Q-6 DMS-2003-OO-6
DMS-2003-E-5 DMS-2003-KK-6 DMS-2003-R-8

**TO: Health Care Providers – Certified Nurse-Midwives, Dental,
 Federally Qualified Health Center, Nurse Practitioner,
 Pharmacy, Physician and Rural Health Clinic**

DATE:

SUBJECT: DEA Schedule II Stimulants Limited for Age-Appropriateness

I. Effective Date

Effective for claims with dates of service on or after October 1, 2003, the Arkansas Medicaid Prescription Drug Program will institute a lower age appropriate limit on DEA Schedule II stimulants for reimbursement through the prescription drug program.

II. Established Age Limits

The established age limit for the administration and dosage of these drugs is indicated below:

- A. The following will be reimbursed for recipients greater than or equal to 5 years of age:
1. Dextroamphetamine Sulfate
 2. Methamphetamine HCl
 3. Amphetamine Salt Combinations, Immediate Release
 4. Amphetamine Salt Combinations, Extended Release
 5. Dexmethylphenidate HCl
 6. Methylphenidate HCl
 7. Methylphenidate Extended Release

Prescription drug claims, for recipients less than the minimum established age will receive a claim rejection.

III. Procedure for Requesting Exceptions

A prescriber may request an exception to the established age limit by providing medical information sufficient to determine medical necessity. The documentation is to be sent to the Arkansas Medicaid Prescription Drug Program for clinical review. The request must include the patient's name and Medicaid ID number. If the request is approved, a 1-year manual override will be entered by the Medicaid Prescription Drug Help Desk allowing reimbursement for the prescription drug claim. The prescriber will be notified regarding the determination of the request.

Mail or fax requests for exceptions to:

Arkansas Medicaid Prescription Drug Program
P.O. Box 1437, Slot S415
Little Rock, AR 72203-1437

FAX: 501-683-4124

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact EDS at (501) 374-6609 ext. 500 or in-state WATS at 1-800-707-3854.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Interim Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.